

Tobacco 101 Training

Success Through Partnerships
Tobacco Prevention and Control
2003 Annual Conference

Objectives

- Attendees will understand what “tobacco control” means today in Washington, and the history that led us here
- Attendees will understand the specific harms of tobacco use, and who is most at risk
- Attendees will have resources and “best practice” references to help in building and implementing local programs

Tobacco Use in History

- Get your facts!
- Put yourselves in order as a human timeline
- Share your fact with the group

Impacts of Tobacco Use

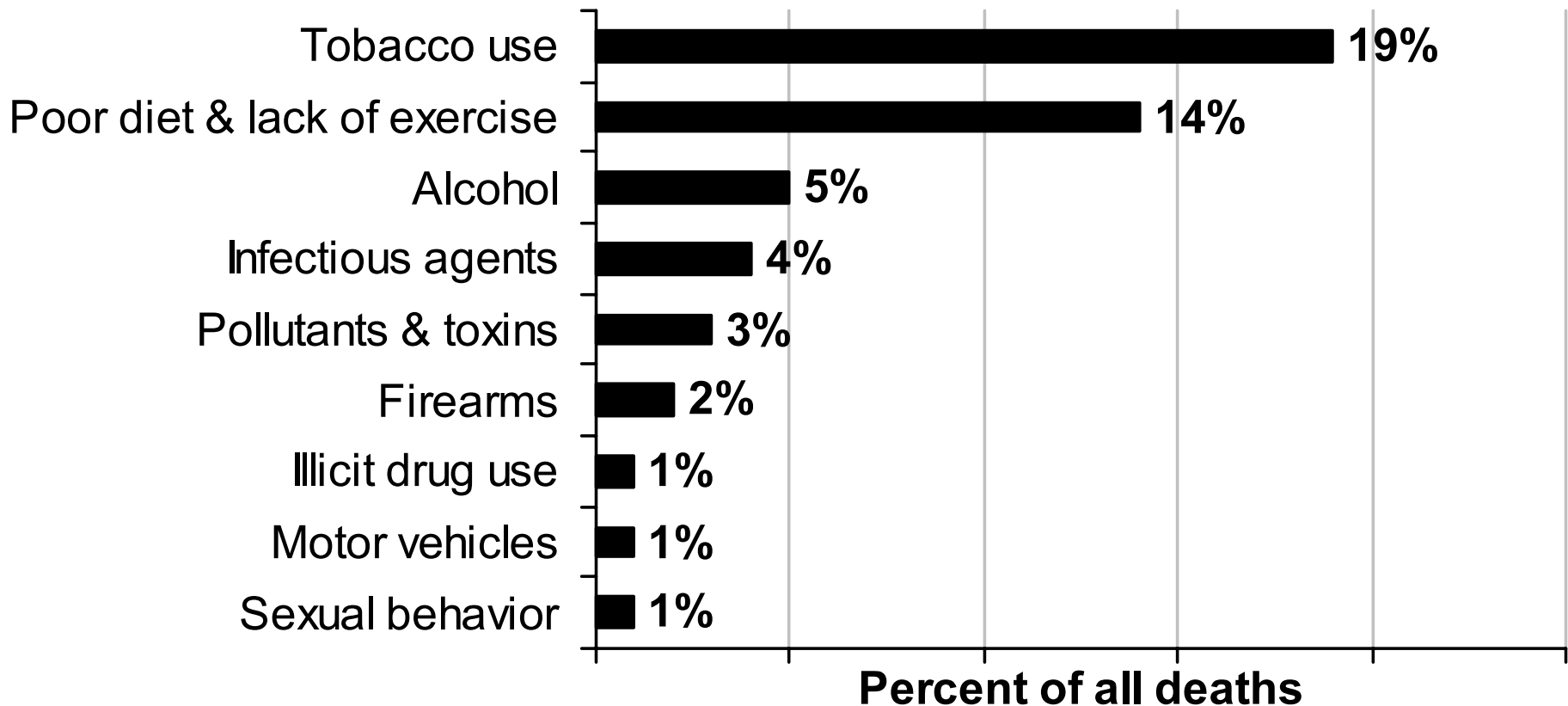
Washington State

Health Effects of Tobacco Use

Tobacco use is the leading single cause of preventable death in our society – one in five of all deaths can be attributed to tobacco use.

Source: McGinnis JM, Foege WH. 1993. Actual Causes of Death in the United States. JAMA. 270:2207-12.

What Tobacco Use Does (what's so bad about it?)



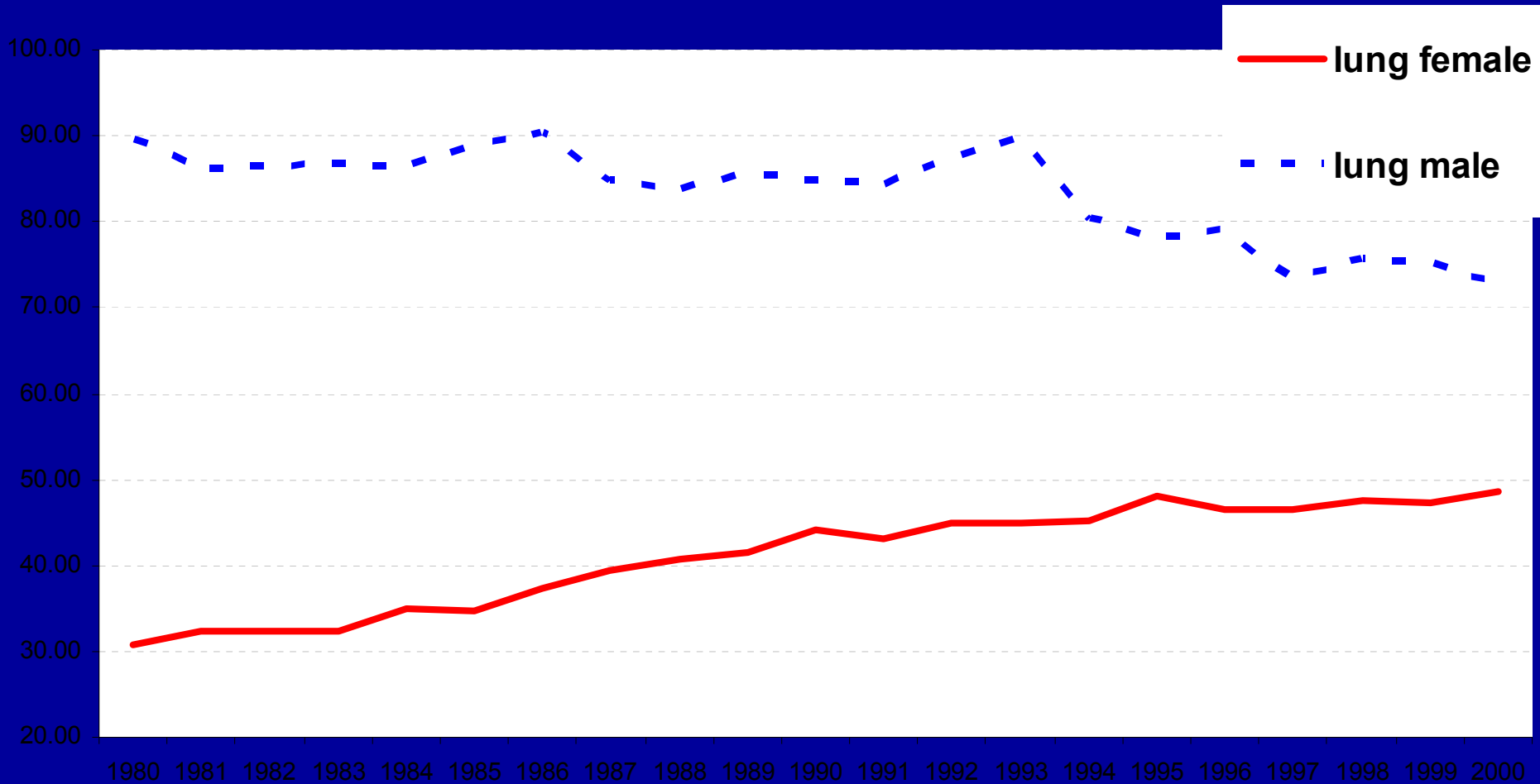
Specific Causes of Death

Cancer

- 30% of all cancers attributed to smoking
- Lung cancer
 - smoking causes nearly 90%
- Larynx, oral cavity, esophagus
- Bladder, pancreas, kidney, stomach
- Uterus, cervix

Source: US DHHS *Reducing the Health Consequences of Smoking: 25 Years of Progress*.
A report of the Surgeon General. Pub. No. 89-8911.1989.
National Institutes of Health. "Cancer Rates and Risks" 1996.

Trends in Lung Cancer



More Specific Causes of Death

- Respiratory Disease
 - 26% of smoking-attributable deaths
 - Emphysema, chronic bronchitis
- Heart Disease & Heart Attacks
 - Tobacco-related heart disease kills more people than tobacco-related cancer

Other Bad Things That May Happen*

- Poorer overall health
- Impotence (men)
- Hearing loss
- Vision problems, cataracts
- Breast cancer (when girls start smoking early in life)

Secondhand Smoke Exposure

- **Maternal exposure to SHS during pregnancy**
 - Low birthweight
 - Spontaneous abortion (suggestive)
- **Exposure of Children**
 - Exposure during infancy causes sudden infant death syndrome (SIDS)
 - Respiratory problems (including acute respiratory illness and asthma)
 - Middle ear infections
 - Adverse effects on development, learning, behavior (suggested)
 - Decreased lung function (suggested)

Secondhand Smoke Exposure

- **Adult Exposure**
 - Lung cancer
 - Heart disease
 - Nasal sinus cancer
 - Cervical cancer (suggested)

Source: NCI 1999. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no.10.* Bethesda, MD. US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No.99-4645.

What it costs in money

- \$1.5 billion each year in Washington State for medical expenditures
- \$6.8 million each year in Washington State due to neonatal health care as a result of smoking

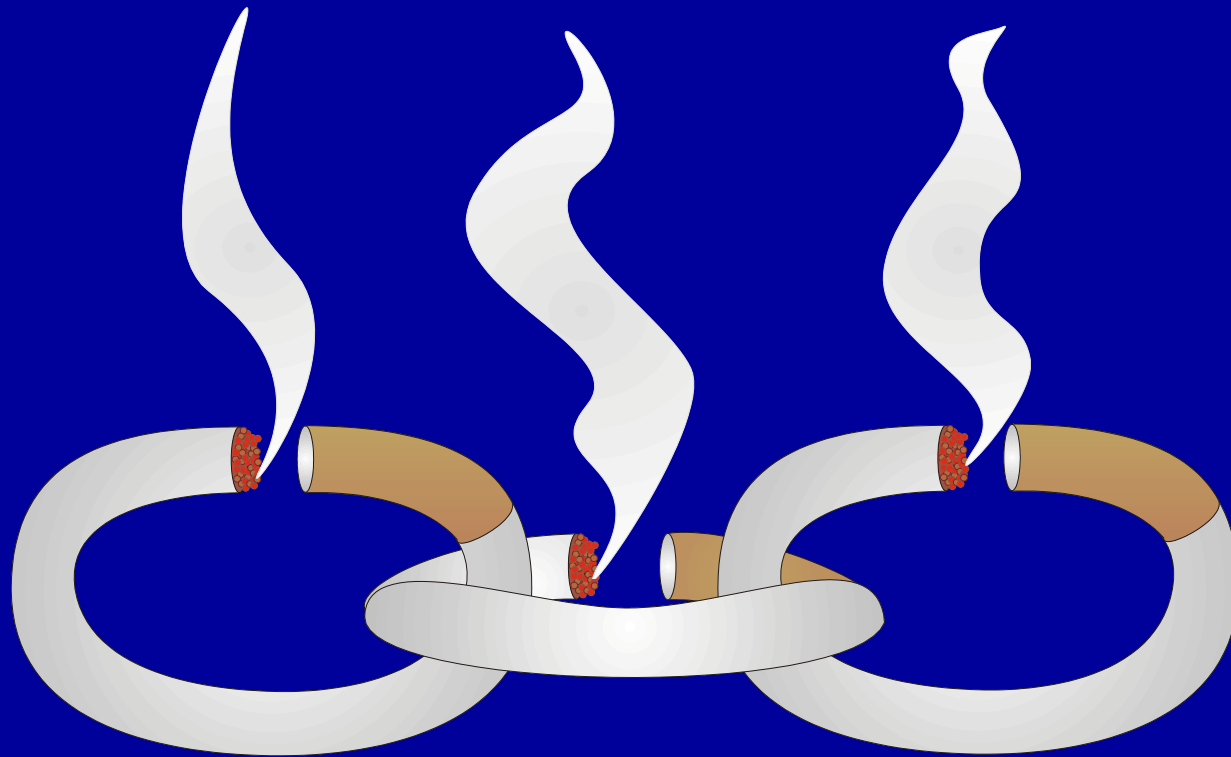
WA: What it costs in life

- About 8,300 total lives each year
 - 2,600 lung/bronchus cancer
 - About 100 SIDS deaths
 - 2,400 heart disease
 - 1,200 respiratory diseases
- About 11,000 infants born each year to mothers who smoke during pregnancy

Reasons People Use Tobacco (what's so good about it?)

- Physical Addiction – physical pleasure
- Industry Promotion – image/attitude
- Social Pressures/Cues - belonging

What Prevents Most Smokers from Quitting. . . For Good?



**Physiological
Dependence**

**Nicotine
Addiction**

**Social
Factors**

History of WA Tobacco Prevention and Control Program

Population-based Research 1979-1988

- Funded by the National Cancer Institute
- Project studied impact of single interventions on specific populations
- Studies adhered to strict research protocols

Community Intervention Trial (COMMIT)

- Funded by the National Cancer Institute
- 3-year project at 12 paired sites across US
- Studies adhered to strict research protocols
- Tested the impact of comprehensive, community-based approaches to smoking cessation (community coalition, policy, media, education)
- Resulted in small changes in cigarette use

Community Intervention Trial (COMMIT)

- Washington State
 - ✓ Longview-Kelso (control site)
 - ✓ Bellingham (intervention site)
 - ✓ Coordinated by Fred Hutchinson Cancer Research Center

American Stop Smoking Intervention Study (ASSIST)

- Funded by the National Cancer Institute
- 8-year project in 17 states
- Demonstration project only – taught advocacy concepts and skills, then allowed states to develop state and local action plans
- Minor impact on tobacco use rates, but led to National Tobacco Program (CDC)

American Stop Smoking Intervention Study (ASSIST)

- Washington State
 - ✓ Received between \$1.2 and \$1.4 million per year
 - ✓ Priority sites: Clark, King-Snohomish, Pierce, Spokane
 - ✓ Other counties received small project grants
 - ✓ Coordinated by DOH and the American Cancer Society

American Stop Smoking Intervention Study (ASSIST)

- Tested comprehensive, county-wide approaches to reduce tobacco use and exposure to second-hand smoke
- Executive Committee provided oversight (DOH, ACS, state coalition chairperson)
- Developed state and local coalitions
- Used policy advocacy to achieve outcomes (plus media and education strategies)

Smokeless States Grant (1997-2000)

- Funded by the Robert Wood Johnson Foundation
- 3-year planning and/or intervention projects in multiple states
- Small grants – supported part-time staff who developed coalitions and activities
- Got communities not funded through ASSIST involved

Smokeless States Grant

- Washington State
 - ✓ County coalitions funded in Benton-Franklin, Chelan-Douglas, Clallam, Thurston, and Whatcom counties
 - ✓ Racial/ethnic coalitions funded in Colville Tribe and API community (WAPIFASA)
 - ✓ Focused on capacity-building
 - ✓ Coordinated by Washington DOC

Tobacco Prevention Account

(1993-Present)

- Account created in 1993 by WA legislature
- Funded via annual retailer fees and penalties
- DOH administers funds
 - ✓ 30% to Liquor Control Board (enforcement of retailer compliance)
 - ✓ 70% to all county health departments statewide for tobacco prevention

Tobacco Prevention Account (1993-Present)

- About \$1.8 million per biennium
- Range: \$1,500 - \$150,000 per year per county
- Supports county-based activities to prevent tobacco use among youth
- 80 percent of these funds will support a variety of *youth access* activities (retailer compliance, parent & community awareness) starting July 1, 2003

National Tobacco Program (1999-Present)

- Funded by the Centers for Disease Control and Prevention (CDC)
- Began as 5-year project in all 50 states and US territories, has been extended for 5 years
- Allowed the capacity developed during ASSIST to be sustained and expanded
- Also continued funding for the 33 “non-ASSIST” states and territories already being funded by CDC

National Tobacco Program (1999-Present)

- ✓ Total funding - \$1.4 million per year
- ✓ Initially funded the counties previously funded by ASSIST funds
- ✓ Currently funds all counties
(range \$3,000-\$286,000)

National Tobacco Program (1999-Present)

- Supports comprehensive approach:
 - ✓ Community interventions
 - ✓ Counter-advertising
 - ✓ Policy development and regulation
 - ✓ Evaluation

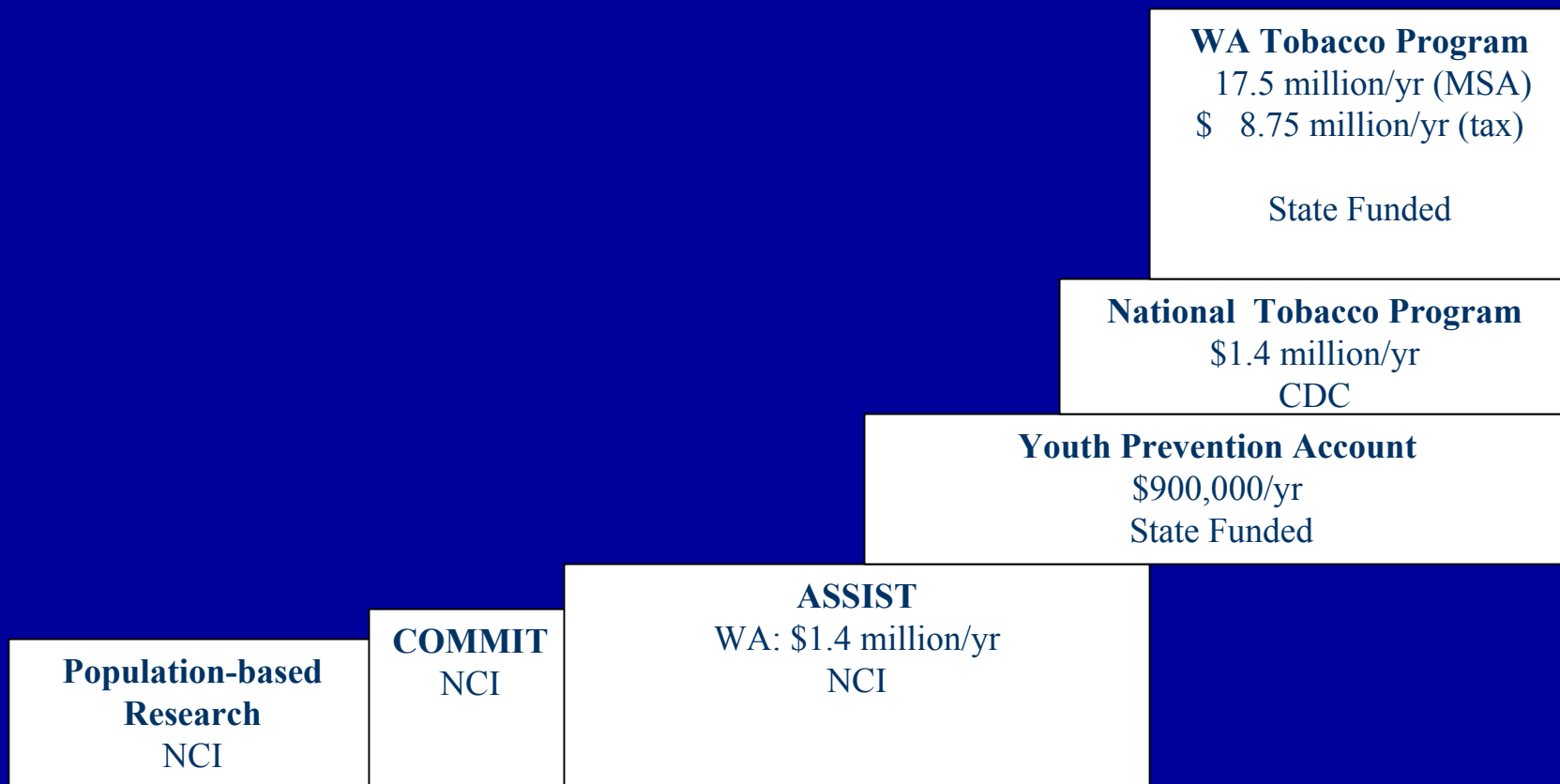
National Tobacco Program (1999-Present)

- ✓ Prevent tobacco use among youth
 - ✓ Promote cessation among adults
 - ✓ Eliminate exposure to second-hand smoke
 - ✓ Identify and eliminate disparities among populations
- Washington received \$100,000 CDC grant to develop strategic and marketing plans for eliminating disparities

Washington State Tobacco Prevention and Control Program (2000-Present)

- ✓ Master Settlement Agreement (MSA) - currently \$17.5 million
 - ✓ Tobacco tax initiative (Nov 2001) - currently \$8.75 million
 - ✓ National Tobacco Program (CDC) - \$1.4 million
 - ✓ Youth Prevention Account (state) - \$1.4 million
- Total \$29.05 million

Tobacco Control in Washington State



History of Tobacco Control Policies in WA

- 1985: Clean Indoor Air Act RCW 70.160
- 1988: Governor's Executive Order banning smoking in state facilities (EO 88-06)
- 1990: Tobacco tax increased (health services account)
- 1993: Youth Access Law passed and Youth Prevention Account created
- 1994: SHS banned in office by L&I rule (WAC 296-800-240; revised 2001)

History of Tobacco Control Policies in WA (cont.)

- 1997/98: County Tobacco ad bans in public places
(King, Pierce, Snohomish)
- 1998: Minor's Possession Amendment to Youth Access
law passed (RCW 70.155.080)
- 1998/99 Puyallup SHS restaurant ban passed and rescinded
- 1999 Settlement with Tobacco Companies
- 1999 Tobacco tax increase (for violence prevention &
drug reduction)

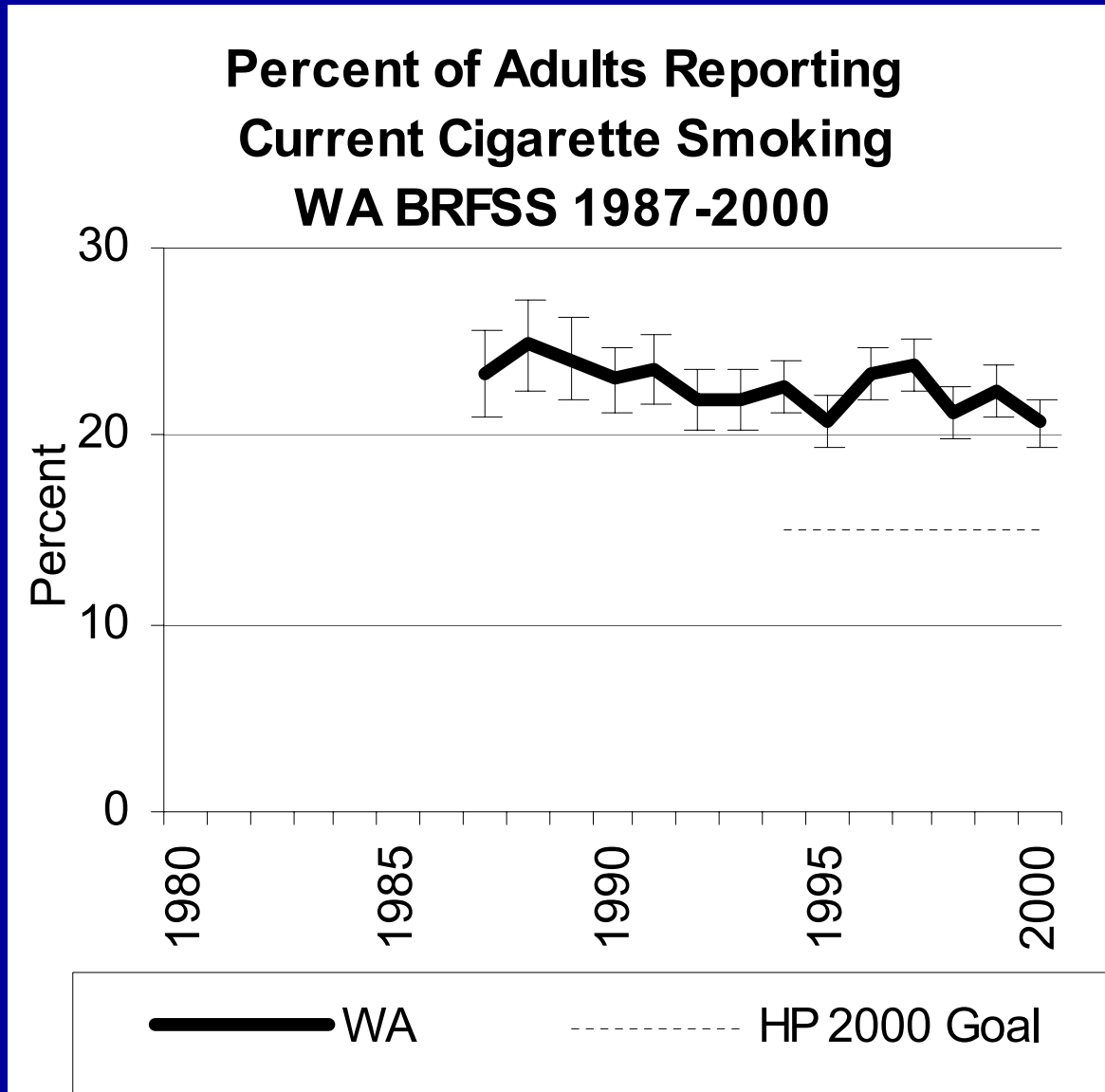
History of Tobacco Control Policies in WA (cont.)

- 2000 Tobacco Prevention and Control Acct started
(\$100 million)
- 2001 Authority for Tribal Tax Contracts established
- 2002 Tobacco tax increase
(for tobacco prevention and basic health plan)

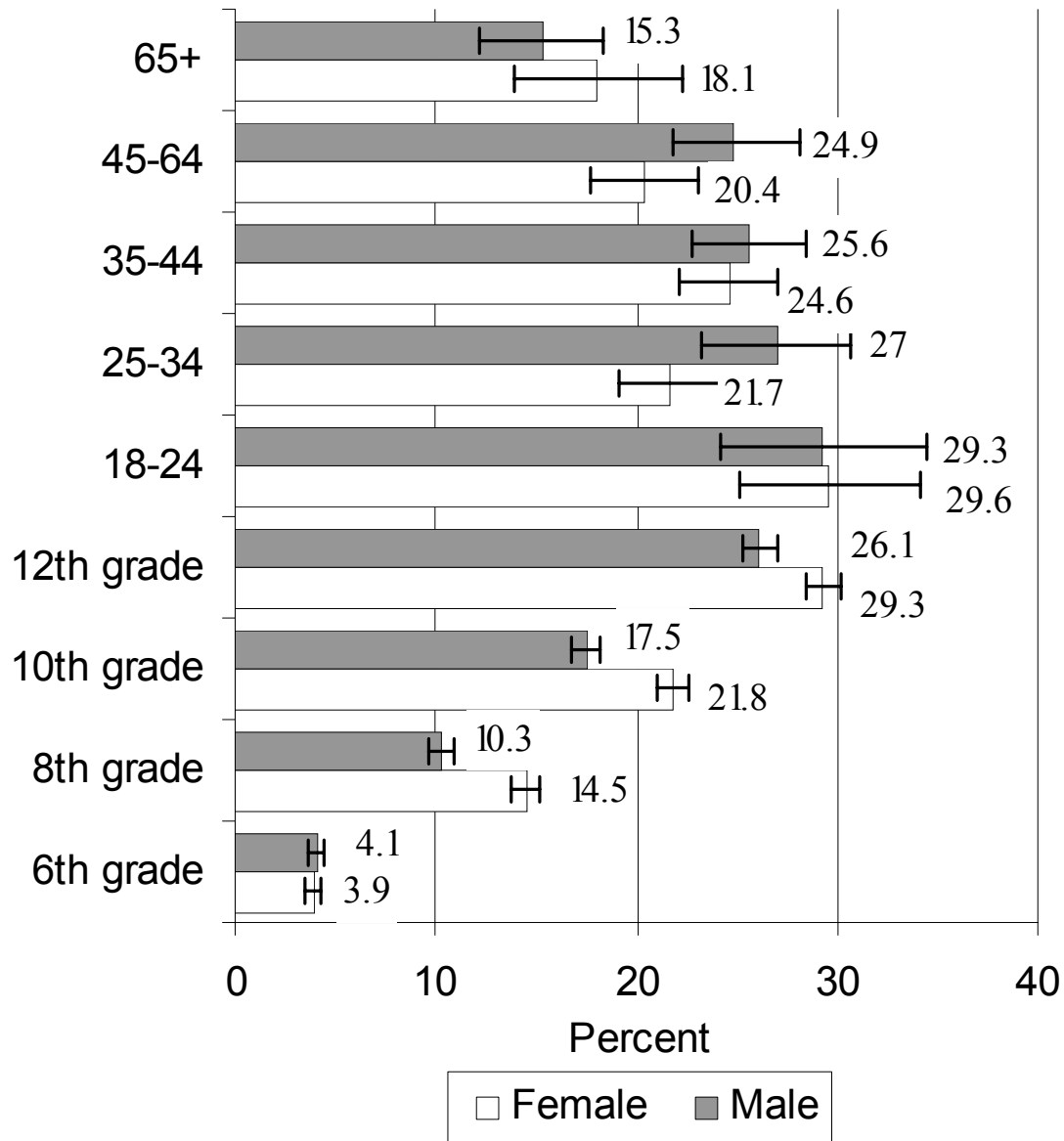
Tobacco Use & Exposure

Washington State

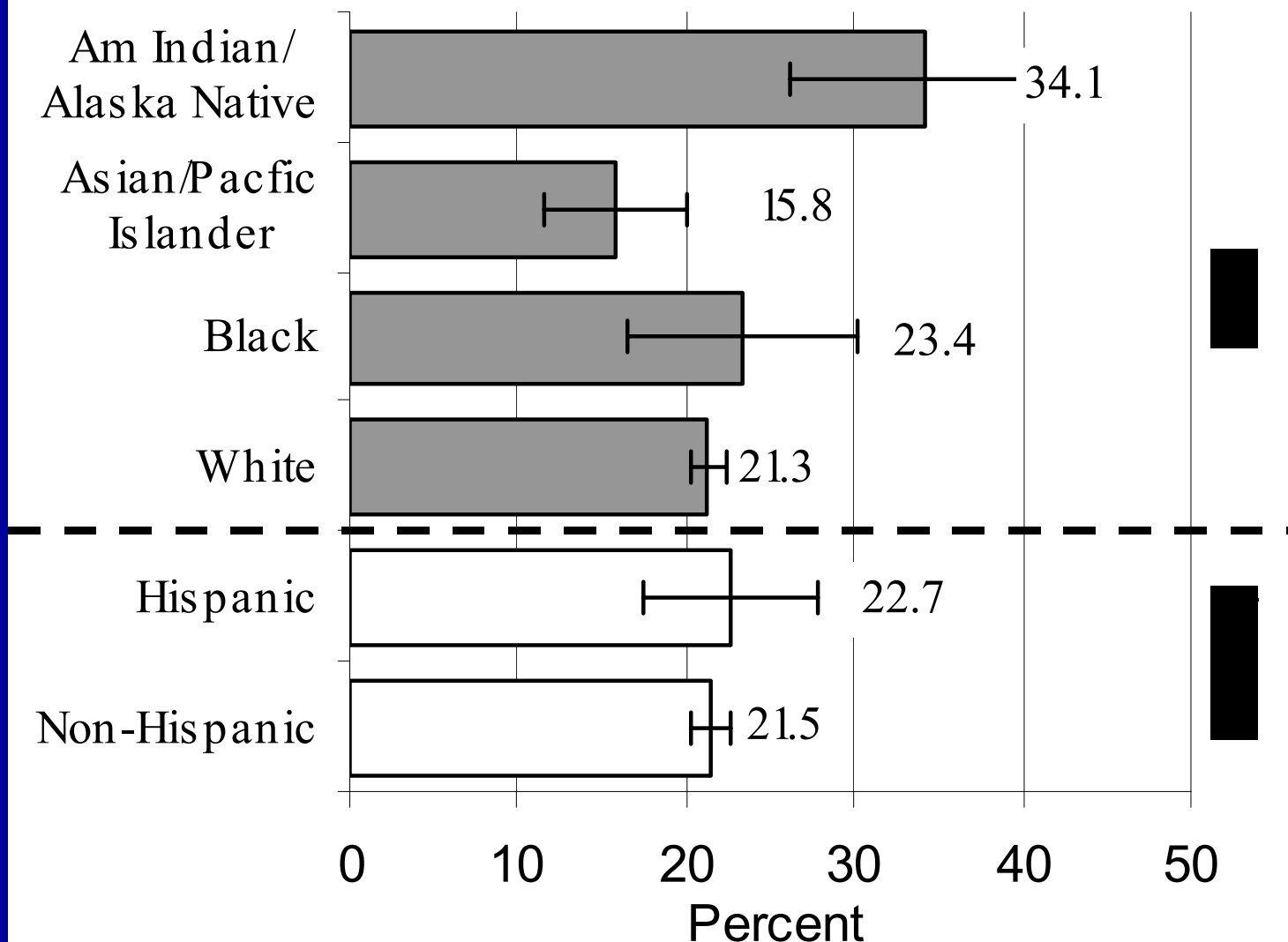
Adult Tobacco Use



Current Cigarette Smoking Age and Gender WA State BRFSS 1998-2000, WSSAHB 2000

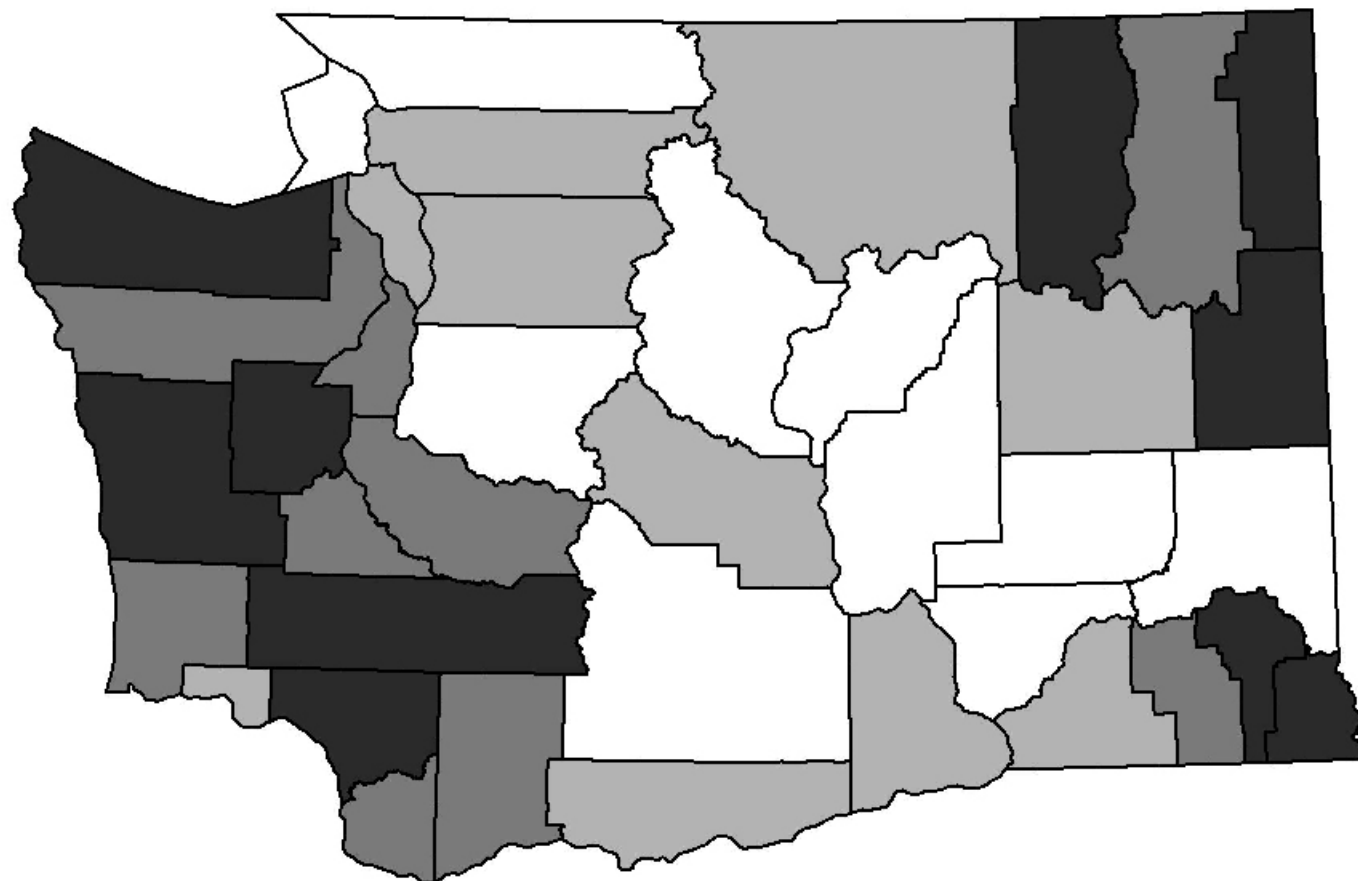


Current Cigarette Smoking Race and Ethnicity WA State BRFSS 1998-2000

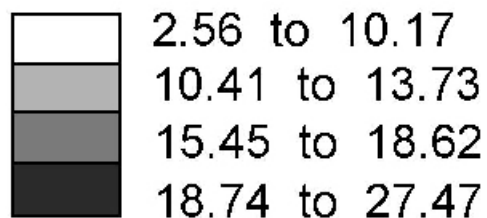


SELF REPORTED SMOKING DURING PREGNANCY

WA Birth Certificates 1998 - 2000



Percent



State Rate: 13.73

Produced by DIRM GIS

Secondhand Smoke Exposure

- Nearly one of every five ($19.6\% \pm 1.4\%$) Washington adults allowed smoking in their homes during the past month
- Among current smokers only, more than half ($57.0\% \pm 4.2\%$) had allowed smoking in their homes during the past month
- There was no difference in household smoking between households where children were present or not present, among current smokers.

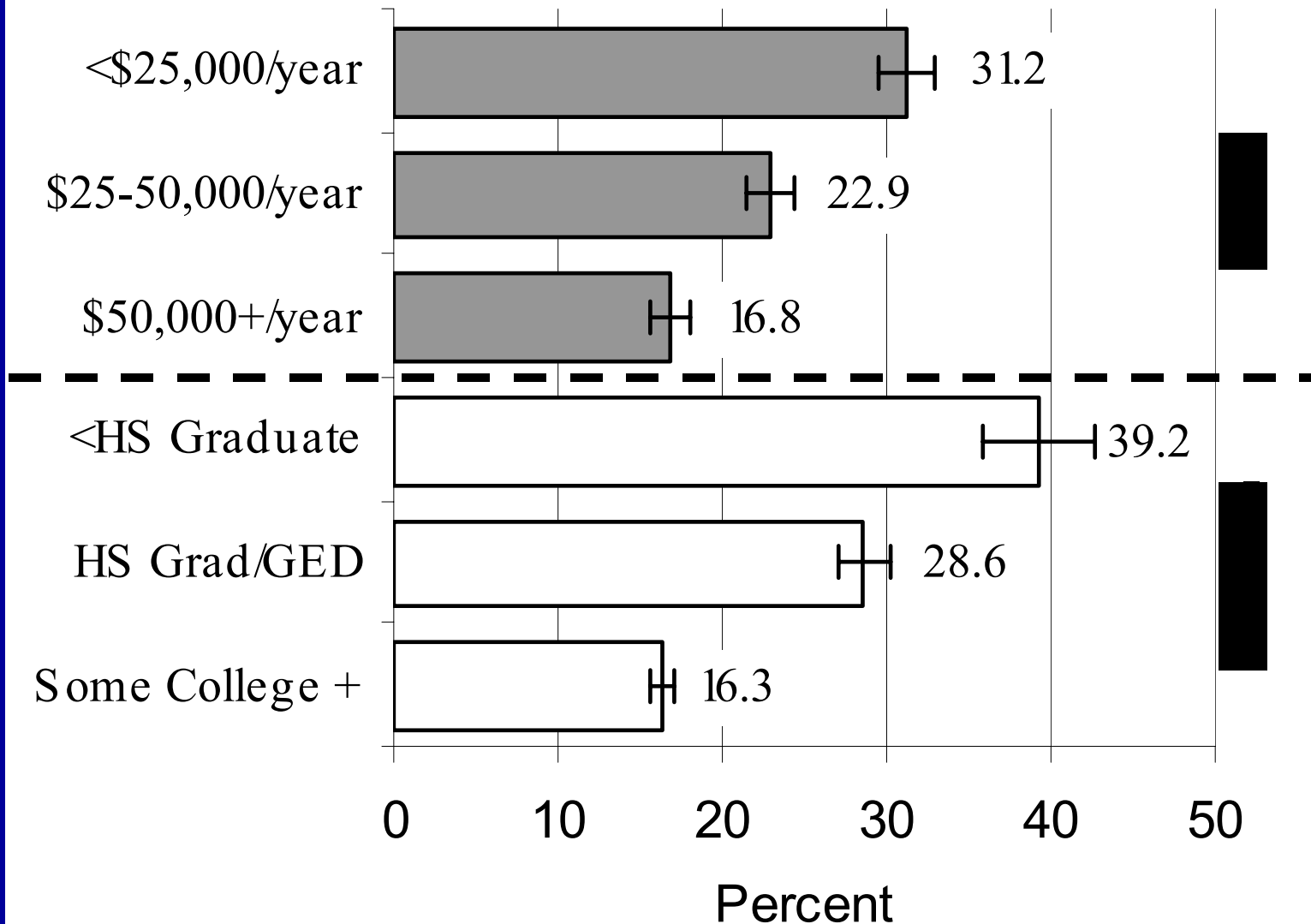
Source: 2000 Washington State Behavioral Risk Factor Surveillance System (BRFSS)

Secondhand Smoke Exposure

- More than half of sixth graders ($62.1\% \pm 3.5\%$) had been in a room with someone who was smoking during the past week
- Just over one-third of sixth graders ($37.9\% \pm 3.5\%$) had ridden in a car with someone who was smoking at least once during the past week.

Source: 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB)

Current Cigarette Smoking Income and Education WA State BRFSS 1998-2000



Why Data are Important

- Understand who uses tobacco – prioritize your efforts
- Evaluate
- Over-arching performance Indicators

RED HOT Data

- Use the “Hidden Website” to find out about data for your community
 - Adult telephone survey
 - School-based youth surveys
 - Number of Quit Line calls & profiles of callers
 - Tobacco retailer identification and sale rates
 - Population data, including maps

Build Your Own Plan

Small Group Activity

Your Job

- You are part of the Tobacco Prevention and Control Council
- You have \$27 million to spend in WA on tobacco control
- What is one activity you would prioritize in each of the goal areas:
 - Prevention
 - Cessation
 - Secondhand Smoke
 - Disparities

“The Plan”

- Presents the work of experts, public health officials, and community representatives
- Builds on activities that other states have proved successful
- Identifies activities, links them to outcomes, and identifies cost

Washington State Tobacco Prevention and Control Program

- Tobacco Prevention and Control Plan
 - ✓ \$26.24 million plan developed by DOH Tobacco Prevention and Control Council
 - ✓ DOH administers the plan
 - ✓ Goals – Prevention, cessation, eliminate exposure to secondhand smoke, and capacity-building

Washington State Tobacco Prevention and Control Program

- Priority audiences
 - ✓ Youth – grades 4-12
 - ✓ Adults who are ready to quit
 - ✓ Pregnant women and new moms
 - ✓ Underserved populations and communities

Washington State Tobacco Prevention and Control Program

- Current Community Activities
 - ✓ Fund county contractors (*32 local health depts & 5 CBOs*)
 - ✓ Fund federally recognized tribes (*29 tribes*)
 - ✓ Materials Clearinghouse

Washington State Tobacco Prevention and Control Program

- Current Community Activities
 - ✓ Tobacco Prevention Resource Center
(*Center for Health Training*)
 - Training (*Health Care providers , First Steps providers and youth*)
 - Technical Assistance
 - Speakers Bureau (*for health professionals & public*)
 - Information Service (*access to articles & research*)

Washington State Tobacco Prevention and Control Program

- Current Disparities Activities
 - ✓ Convene Cross Cultural Workgroup
 - ✓ Develop strategic and marketing plans
 - ✓ Possible projects:
 - Fund coordinating agencies in each community
 - Training (*leadership and other*)
 - Materials development
 - Community Assessments

Washington State Tobacco Prevention and Control Program

- Current School-based Activities
 - ✓ Funds to Educational Service Districts
 - To administer program and advise/support school district programs
 - To provide funding to school districts for materials, and implement programs and activities (*policy work, purchase curricula, training, family involvement, interventions, community collaboration, evaluation*)

Washington State Tobacco Prevention and Control Program

- Current Public Awareness Activities
 - ✓ Paid advertising
 - TV, radio, bus signs, billboards)
 - Billboards, mall kiosks, theatre ads, store ads
 - Youth prevention - *Tobacco Smokes You*
 - Adult Quitline Promo - *There's a Better Way to Quit*
 - ✓ Media relations
 - ✓ Websites
 - www.doh.wa.gov/tobacco,
 - www.UnfilteredTV.com & www.quitline.com)

Washington State Tobacco Prevention and Control Program

- Current Cessation Awareness Activities
 - ✓ Statewide Toll-free Quitline (*Adults*)
877-270-STOP and www.quitline.com
 - ✓ Tobacco Intervention Skills Training (health care providers and First Steps)
 - ✓ Supporting systems change in health care and substance abuse systems (*policy change, technical assistance/training, procedure development, etc.*)

Washington State Tobacco Prevention and Control Program

- Current Policy & Enforcement Activities

- ✓ **Youth Access**

- Retailer compliance (*enforcement, training, materials*)
 - State task force (*local health depts, retailers, Liquor Control Board, local law enforcement*)
 - Public Awareness/Ed (*social sources/family*)
 - Work with other partners (*Liquor Control Board, local health departments and CBOs*)

Washington State Tobacco Prevention and Control Program

Policy & Enforcement Activities

✓ Secondhand Smoke

- Public Awareness Campaign
- Family education materials
- Training (*research, policy change*)
- Work with other partners (*Labor and Industries, American Lung Association, American Cancer Society*)

✓ Tobacco Industry Compliance with MSA

Washington State Tobacco Prevention and Control Program

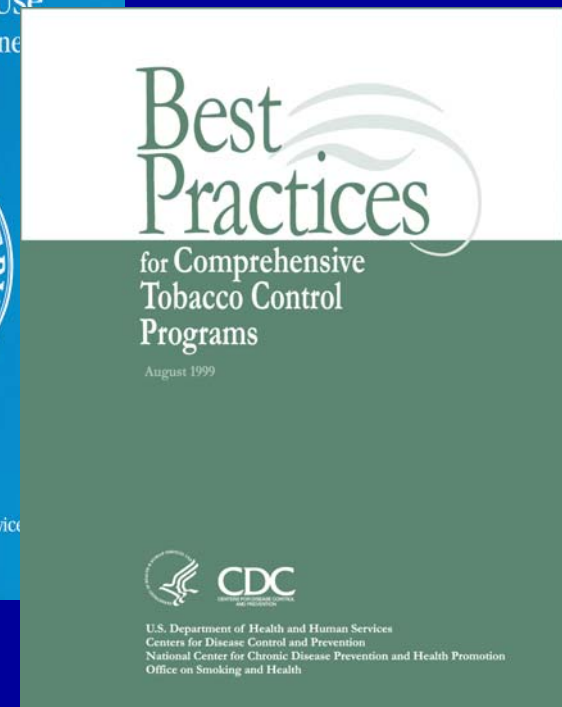
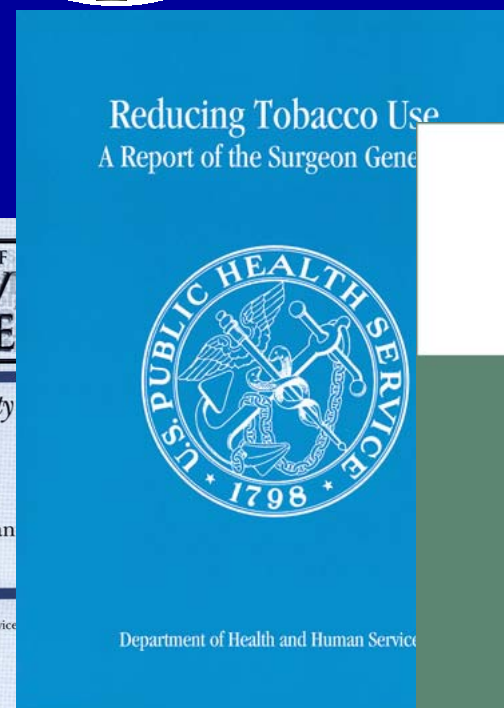
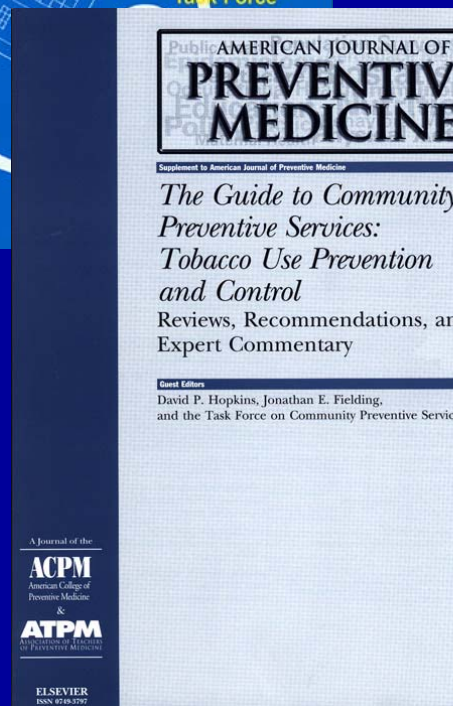
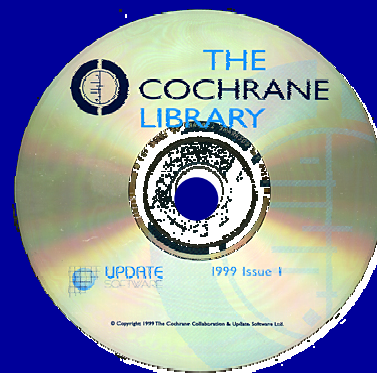
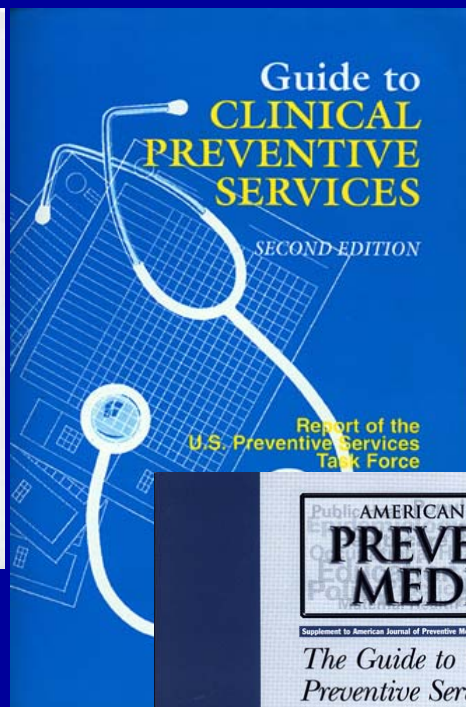
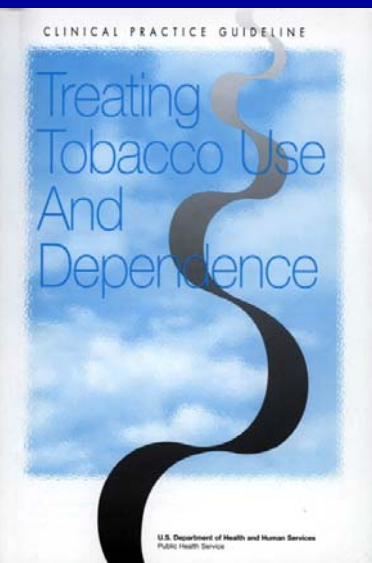
- Current Evaluation Activities
 - ✓ BRFSS
 - ✓ Healthy Youth Survey
 - ✓ Phone surveys
 - ✓ Web-based reporting
 - ✓ Evaluation
 - ✓ CATALYST

Youth Empowerment (2001-2003)

- Funded by the American Legacy Foundation (ALF) which was created by the MSA
- 3-year project to train and organize youth as tobacco prevention and control leaders, advocates and peer educators

“Best Practices” for Tobacco Control

What the Research Says



“The Community Guide”

- Comprehensive review of published tobacco control studies
- Rigorous criteria
- Only those with solid proof are recommended
- Other interventions are listed as “insufficient evidence” (this doesn’t mean they don’t work)
- www.thecommunityguide.org

Supplement to American Journal of Preventive Medicine

February 2001

Guest Editors

A journal of the

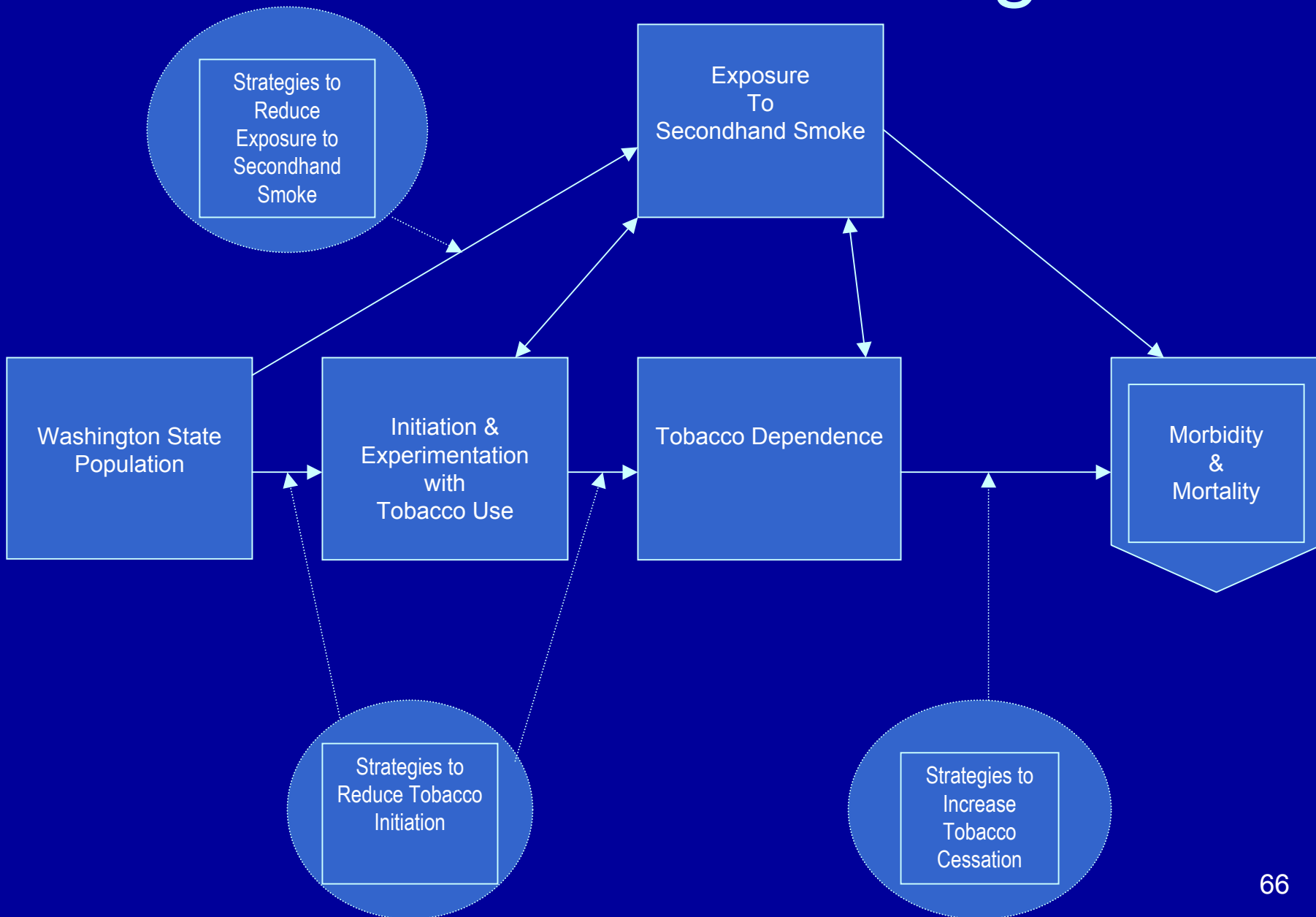
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OF PREVENTIVE MEDICINE

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Tobacco Control Logic



What Works: Prevention

- Carefully constructed media campaigns
 - Currently conducted at state level
- Increase price of tobacco
 - WA voters passed a tax increase from \$.825 to \$1.425, beginning in January 2002
- Comprehensive School Programs (unpublished)
 - Including policy enforcement, curriculum, parent involvement
 - Partnership between communities and schools increases effectiveness (esp. for policy)

What works: Cessation

- Telephone Support
 - The Washington Quit Line
 - Local communities can help people know about the line and call it
- Health Care Provider Advice and Follow-up
 - Work with DOH & Training Center to sponsor healthcare provider trainings & “systems change”

What Works: Secondhand Smoke

- Smoking bans – community organizations can work to create official rules that prohibit smoking in:
 - Worksites
 - Restaurants/bars
 - Special Events
 - Public areas (parks, playgrounds)

Other “Best Practice” Resources

- Centers for Disease Control & Prevention:
www.cdc.gov/tobacco
- Department of Health Tobacco Prevention & Control Program
 - Contact your contract manager
 - “Workplan Workbook”

What is “Population-based”?

This is a math problem: which approach reaches the most people in the long run?

- A. Hosting an adult tobacco cessation support group
- B. Training 5 people to do support groups
- C. Training 5 healthcare providers to give the “brief intervention” to clients

The Answer!

Usually the answer is “C” ...

Though there are probably some exceptions.

Imagine....

If you do a support group with a proven curriculum, spend a ton of effort on recruitment, you might get 10 people for an 8-week class.

If you train 5 people to do groups, that is better – maybe $5 \times 10 = 50$ people served over an 8-week period.

If you train 5 healthcare providers to deliver brief interventions (which are proven to be effective) with clients, they each see 10 clients who smoke *per day*

And which of these activities might still be happening a year later?

What is “Policy”?

- The ‘holy grail’ of tobacco control
- Rules & procedures last
- Making official rules changes how a society views tobacco (communicates tobacco-free values)
 - Getting healthcare providers to document tobacco use status in their charts
 - Getting police to enforce youth smoking laws near school boundaries
 - Creating a tobacco sponsorship ban for county events

Clinical Best Practices

CLINICAL PRACTICE GUIDELINE

Treating Tobacco Use And Dependence



U.S. Department of Health and Human Services
Public Health Service

Efficacy of a Clinician's Advice to Quit (n = 7 studies)

Advice	Odds Ratio (95% C.I.)	Estimated Cessation Rate
No advice to quit (reference group)	1.0	7.9%
Physician advice to quit	1.3 (1.1-1.6)	10.2%

Source: Fiore et al. Treating Tobacco Use and Dependence:
Clinical Practice Guideline. USDHHS, 2000.

Efficacy of Various Levels of Person-to-Person Contact (n = 43 studies)

Level of Contact	Number of Arms	Estimated Odds Ratio (95% C.I.)	Estimated Cessation Rate (95% C.I.)
No contact (reference group)	30	1.0	8.8
Minimal contact (≤3min.)	19	1.3 (1.01-1.6)	13.4 (10.9-16.1)
Brief Counseling (>3 to ≤10 min.)	16	1.6 (1.2-2.0)	16.0 (12.8-19.2)
Counseling (>10 min.)	55	2.3 (2.0-2.7)	22.1 (19.4-24.7)

Source: Fiore et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. USDHHS, 2000.

Efficacy of Various Types of Format (n = 58 studies)

Type of Provider	Number of Arms	Estimated Odds Ratio (95% C.I.)	Estimated Cessation Rate (95% C.I.)
No format	20	1.0	8.2
Proactive telephone counseling	26	1.2 (1.1-1.4)	13.1 (11.4-14.8)
Group counseling	52	1.3 (1.1-1.6)	13.9 (11.6-16.1)
Individual counseling	67	1.7 (1.4-2.0)	16.8 (14.7-19.1)

Source: Fiore et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. USDHHS, 2000.

Efficacy of Interventions Delivered by Various Types of Clinicians (n = 29 studies)

Type of Clinician	Number of Arms	Estimated Odds Ratio (95% C.I.)	Estimated Cessation Rate (95% C.I.)
No clinician	16	1.0	10.2
Self-help	47	1.1 (0.9, 1.3)	10.9 (9.1, 12.7)
Nonphysician clinician	39	1.7 (1.3, 2.1)	15.8 (12.8, 18.8)
Physician clinician	11	2.2 (1.5, 3.2)	19.9 (13.7, 26.2)

Source: Fiore et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. USDHHS, 2000.

20,679 Physicians
say **LUCKIES** are
less irritating



**I too prefer
LUCKIES
because...**

Toasting removes
dangerous irritants
that cause
throat irritation
and coughing

“It’s toasted”

Your Throat Protection —
against irritation — against cough.

**LUCKY
STRIKE
CIGARETTES**

The Role of DOH

- Oversee development of a “sustainable, long-term and comprehensive tobacco control program.”
 - ✓ Statewide activity research and development
 - ✓ Program management and coordination
- Support and inform the efforts of our local partners
- Add to the evidence base and promote our work nationally

Resources for You

- Contract Manager
- CATALYST
 - Steers to WA “Best Practices” in your workplan
 - Associated workbook
 - ‘hidden website’ provides data
 - Prompts to set measurable objectives
 - Creates standardized accountability
 - Provides institutional memory
 - Resource for evaluation at state level
 - Annual CATALYST training
- TPRC
 - Training
 - Clearinghouse
 - Technical Assistance

DOH Tobacco Websites

DOH Tobacco Website www.doh.wa.gov/tobacco

Quitline Website www.quitline.com

Youth Website www.unfilteredtv.com

SHS website www.secondhandsmokesyou.com